

FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK



ORGANIZATION NOTES

THE "Annual Report of the Matrons' Council of Great Britain," which has just reached us, records a number of good works done by its members. We have in last month's *JOURNAL* referred to some of its activities, as recorded in the *British Journal*. Another incident which shows the influence wielded by the matrons was an invitation from the British Gynæcological Society to the Matrons' Council to send a committee to confer with a committee from the Gynæcological Society on the subject of proper training for nurses in obstetrics and gynæcology. It seems that the three-years' training in the large English hospitals does not always include these two branches, and the Gynæcological Society, desirous of promoting post-graduate study in these specialties, consulted the Matrons' Council on various points and put a number of questions to them, with the result that the society has determined to grant its own certificate, following its own special examination. The letter from the secretary of the society, in closing the conference, says:

"A most careful investigation of the whole subject on behalf of our society has proved, *inter alia*, that a great number of nurses pass through the larger general hospitals, and in still greater proportion through the smaller, without having had any training in the nursing of gynæcological patients, while that of monthly nurses varies from six weeks to three months in duration, and is quite inadequate for the responsible duties they are called upon to discharge.

"For these reasons the Gynæcological Society has resolved to move in the direction of establishing such examinational tests as will have the effect of bringing about those improvements which are obviously necessary in the education and supervision of gynæcological and monthly nurses.

"The British Gynæcological Society has, therefore, decided at once to institute examinations and to grant certificates in monthly and gynæcological nursing. The three cardinal principles which will be enforced are:

- "I.—That every nurse certificated by the society must work only and entirely under the directions of qualified medical practitioners.
- "II.—That no woman will be eligible for the society's examination unless she has had sufficient training both in general and special nursing.
- "III.—That the society's certificate will be withdrawn from any nurse who, at any future time, proves to be unworthy of professional trust.

"Medical practitioners employing such certificated nurses will thus not only have a guarantee that they are of good character and competent to perform the duties required of them, but also that they are under professional control, and subject to the rules of professional ethics, which, it would seem, nurses generally are at present free to disregard."

The last remark is certainly a severe dig, and if we deserve it we ought to be ashamed.

The matrons are also endeavoring to establish a course of special training for nurses intending to take executive positions, and in pursuance of this purpose they have appealed to the governors of Bedford College for Women asking them to consider the proposition of maintaining such a course. The college has responded encouragingly and fixed a date upon which to talk it over.

STATE EXAMINATIONS FOR NURSES IN NEW ZEALAND

A VERY interesting set of documents has arrived from New Zealand,—namely, the syllabus of subjects for examination under the Registration Act of 1901, with a copy of the questions and of the “Public Register of Trained and Qualified Nurses.”

The principal section of the act providing for the registration of trained nurses in New Zealand entitles every person to registration who has attained the age of twenty-three years, and is certified as having had three-years’ training as a nurse in a hospital, together with systematic instruction in theoretical and practical nursing from the medical officer and the matron of that hospital, and who passes an examination from time to time held by examiners appointed under the act.

It will be interesting for our various State societies to keep the provisions of the New Zealand law in mind while struggling for their own “first steps.”

The “Public Register” sets forth the nurses’ names and history in the following manner:

DATE OF REGISTRATION.	NAME.	WHERE TRAINED.	RESIDENCE.
1902, May . 1902, Jan. .	Adams, Florence May Allan, Jean	Christchurch Hospital, 1897-1902 . . . Dunedin Hospital, 1892-98; Patea Hospital (matron), 1898; Wanganui Hospital (matron), 1898 to date of registration	Hospital, Christchurch.
1902, May .	Allan, Ruth	Dunedin Hospital, 1898 to date of registration	Hospital, Wanganui.
1902, May .	Anketell, Elizabeth .	Wellington Hospital, 1891-1901; pri- vate nursing	Hospital, Dunedin. 15 Charlotte Street, Wel- lington.

The syllabus of study comprises “Elements of Anatomy and Physiology,” “Medical Nursing,” “Surgical Nursing,” “General Nursing.” We reproduce the examination questions, as we think it will be of high interest to preserve the records of this first State examination.

“STATE REGISTRATION OF NURSES.

“Examination Paper for Registration under ‘The Nurses’ Registration Act, 1901.’ December 3, 1902. Time, two hours.

“ANATOMY AND PHYSIOLOGY.

- “1. Name the bones to which the atlas, humerus, and tibia are respectively united by joints.
- “2. Explain the mechanism of respiration. What muscles are brought into action (1) in ordinary respiration, (2) in forced expiration.

- " 3. Enumerate the organs in the abdomen and state shortly the position of each therein.
- " 4. In what respect does the blood in the following vessels differ from ordinary arterial blood,—(1) pulmonary artery, (2) renal vein, (3) portal vein?
- " 5. State the chief sources of loss to the blood, giving the constituents lost from each source.
- " 6. Give the composition of milk. What is the action of pancreatic secretion and of bile on food?
- " 7. In a wound how would you distinguish between arterial, venous, and capillary bleeding? Name and indicate the position of the main arteries from shoulder to wrist.
- " 8. Give a short description of the spinal cord and its functions.
- " 9. Name the component parts of the eyeball in their order from before backward through the centre.
- " 10. How is the temperature of the body regulated? What is the normal temperature, and within what limits may it rise and fall before death?

" Final Paper. Time, two hours.

" NURSING.

- " 1. Describe the symptoms and nursing management of the following diseases: diabetes, herpes-zoster, cerebral meningitis, gastric ulcer.
- " 2. Describe fully what you consider the best method of artificial feeding for infants during the first year of life. Name any drug you know to which infants are peculiarly susceptible.
- " 3. What are the symptoms and treatment of poisoning by arsenic and by morphia?
- " 4. What is inflammation? By what process does fractured bone unite?
- " 5. How would you prepare a patient for the operation of trephining the skull? Name the instruments that would be required.
- " 6. How would you prepare a starch and opium enema? a nutrient enema? peptonized milk? a hot-air bath? an enema for thread-worm?
- " 7. Name and describe shortly the infectious fevers. Give the dates of the eruptions of the respective rashes.
- " 8. What do the following terms mean: rigor, hectic, dyspnœa, Cheyne-Stokes breathing, antitoxin, nystagmus, meconium, stertor, menorrhagia?
- " 9. What are the principal drugs used to reduce temperature? Give their respective doses.
- " 10. What is the effect of chloral-hydrate? You have a solution of chloral, and are told to give your patient a fifteen-grain dose. How much of the solution would you give him?"

Mrs. Neill, who was one of the prime movers of the Registration Act, writes:

" I feel confident that an independent examination outside the individual hospital is the only way to test the efficiency of the teaching, and to attain anything like a level standard of efficiency throughout the country."

Mrs. Neill's official title now is Assistant Inspector of Hospitals and Deputy Registrar of Nurses. The questions are certainly easy, but sensible and practical. It must always be remembered that a State examination must be based on a *minimum* teaching, so as to compel all institutions to give at least that minimum. The schools which are able to give a more thorough and difficult course will always give it, and they do not need the prod of legal compulsion.

THE VICTORIAN ORDER IN CANADA

THE annual report shows that the order is growing in a truly remarkable manner. We are indebted to Miss Macleod for the following items:

"During the year the Victorian Order cared for three thousand three hundred and fifty-one cases. The regular staff of nurses now numbers forty-four, of whom eleven were admitted last year. There are twenty probationers in training, and two nurses not connected with the order have been engaged for extra work. This makes a total staff of sixty-six nurses. Seven nurses resigned from the order during the year on account of ill health and six to take up other work. There are now eighteen branches engaged in district nursing and nine hospitals in connection with the order. Work was reorganized at Halifax and is proceeding hopefully. Owing to a lack of funds the New Richmond branch had to suspend operations. On the other hand, a branch in the Northwest Territories which was assisted by two hundred dollars last year is now self-sustaining. These cases show how desirable it is that the executive should be in a position to make occasional grants to districts unable to become at once self-sustaining.

"The chief increase in the volume of work is shown in connection with the hospitals aided by the Lady Minto fund. Two of these have been opened during the year, at Revelstoke, B. C., and Yorkton, N. W. T. The hospital at Kaslo, B. C., is finished, all except furnishing, and Swan River Hospital will be completed by spring. At Red Deer, N. W. T., a fine site has been secured and the stone drawn for the foundation. At Fort William the nurses are in charge of the temporary building pending the erection of the McKellar Memorial Hospital. At Vernon, B. C., a maternity cottage was opened, aided by five hundred dollars from the fund. Thessalon, Ont., opened a new hospital in November, which was aided to the extent of one thousand dollars and is manned by Victorian nurses. By means of a donation of one thousand dollars from the Lady Minto fund Shoal Lake Hospital has paid off its outstanding debts and improvements have been made. It is now self-sustaining and the nurses' salaries have been increased. The only hospital not yet under way is at North Bay, where difficulties owing to the securing of the necessary title prevented work being begun before winter set in. When the order first began work it was thought that the expenses of the central office would be met by annual gifts from local associations of a part of their funds. It has been found, however, that only a few of the strongest could afford to make such grants to the central fund, and upon them has devolved the burden of its maintenance year by year.

"Ever since her Excellency the Countess of Minto became honorary president of the order she has felt keenly that the central fund was upon a most unsatisfactory basis and that some better way must be found out. Encouraged by the kind response of so many to her well-timed appeal on behalf of the cottage hospitals, her Excellency has set herself to the still more serious task of raising a sum the interest of which shall not only meet the expenses of the central office, including salaries, but provide a substantial yearly sum for hospital endowment and grants in aid of struggling branches in country districts. Her Excellency's efforts have already met with encouraging results, and there is good reason to hope that before she leaves Canada the full sum aimed at may be secured. The Board of Governors feel most deeply under obligations to her Excellency for the amount of hard work these disinterested efforts must have cost her. Provided they are successful, she will have the satisfaction of leaving the central funds upon a secure basis and enabling the extension of the work of the order."

LETTERS

MRS. QUINTARD writes from Havana:

"I am watching with a great deal of interest the progress of events as far as I can follow them through the *JOURNAL*.

"Since receiving your letter I have had the pleasure of seeing Miss Wald, and I can assure you that her visit has been to me like a fresh breeze from our good northern atmosphere, giving one vigor and strength to continue with the work.

"I am sorry Miss Wald could not remain longer, but she certainly lost no time while she was here, and I think carries back with her a fair idea of conditions, past and present, of our small island. I am very glad that she has been here for many reasons, that she might realize what has been accomplished as far as the nursing profession is concerned, and that she may appreciate our needs in the way of settlement work. Soon I hope to be able to take up this question, for nothing will reach the people as this. . . .

"The lack of the language is our greatest obstacle, for while one can soon pick up sufficient vocabulary to understand and be understood, it takes a long time for most people to acquire sufficient to be able to converse or speak in public.

"Havana is very pleasant just now; it is full of visitors, and the Carnival makes things lively. We are enjoying delightful weather, a great contrast to the accounts we read of what you have had in the States. . . ."

DR. MILTON'S HOSPITAL

SHARIA, MOHAMMAD ALI,

CAIRO, Egypt, February 25, 1903.

. . . Dr. Milton, who owns this hospital, has a very fertile brain, so in the operating-room all taps turn off and on automatically. Lids are lifted from the sterilizer in the same way, and the gas cooking-jets are lighted and extinguished automatically.

All the servants and male nurses are natives and speak no English, so it is difficult to be understood. I am, however, endeavoring to study Arabic, French, and German in spare moments, as these three languages are very necessary and most useful in Egypt. Most of the storekeepers and assistants speak French, and while nursing in private houses the servants, being either Arabic or German, must be made to understand.

Am going to a maternity case next week where the servants are Arabic, the nurse-maid Italian, and the needle-woman French. Fortunately, my patient speaks five languages.

Three weeks ago we witnessed the very imposing and picturesque ceremony of the Holy Carpet leaving the Citadel Mosque to commence the annual pilgrimage to Mecca. It was a sight really worth seeing.

There is some talk of building a sanatorium in Helonan (about half an hour by rail from Cairo), and as the leading Helonan doctor is a friend of mine, it is just possible that he may be the one requested to find a matron. It is, however, still in embryo. Helonan is a charming and delightfully healthy health resort and at present very fashionable.

A. M. F.

ITEMS

WE cut the following suggestive letter from *Nursing Notes*. We have heard district nurses at home do this same wailing for special diet:

“ ‘OUR INVALID KITCHEN.’ ”

“ What district nurse is there among us who has not felt utterly dispirited and hopeless concerning many of our patients who do not ‘get on’ as one would reasonably expect them to do after our unwearied attention to cleanliness and comfort and hygienic surroundings?

“ In many cases we know full well that absence of proper nourishment is the cause—and this not necessarily the result of poverty, but because there is no one in the house competent to cook the nourishment or to serve it in an appetizing way.

“ Over and over again has a poor, sick mother said to me, in answer to my query as to her diet of the previous day: ‘I only had a drink of tea, nurse. I *did* fancy a bit of fish, but my little girl does not understand; she did her best, but the fish she bought was not very fresh to begin with, and then she fried it in a fashion and brought it to me soaking in fat, so that I felt sick when I looked at it!’

“ Or one of the solitary ones of the earth has said: ‘If only I could have some beef-tea like my mother used to make it, I feel I should get on, but nobody seems to know how to make beef-tea round about here. I gave a neighbor money to buy some beef, and she kindly made me some, but I could not drink it—it was just like greasy water!’

“ The true nurse feels her work to be incomplete, and to a great extent ineffectual, if from any cause it is impossible for the patient to have the nourishment ordered by the doctor. Her inclination is to stay and prepare the food and see that it is taken, but visions of weary, fevered bodies waiting to be sponged, of uncomfortable dressings, and cold poultices waiting to be renewed, etc., etc., float before her mental vision, and duty to these forbids her to linger.

“ That something might be done to supply this undoubted need we have felt for years, but that our dream is realized and the need supplied seems at times too good to be true.

“ Thanks to the generosity of a lady who heard us plead the need of an ‘Invalid Kitchen,’ and who at once gave ten pounds that the experiment might be tried; thanks also to the kindness of a friend who readily entered into our scheme and promised to do the cooking at her house, by this means dissociating the affair from the ‘Home,’ we were able just over a year ago to launch our long-talked-of enterprise.

“ We judiciously bought our stock-in-trade, viz.: pudding dishes to hold one pint, and small, deep, oval, brown glazed fireproof dishes, each with a lid, for the dinners, and these we find retain the heat splendidly, so that the food arrives smoking hot.

“ Our *modus operandi* is as follows: soon after eight-thirty A.M. we send to our friend a list of requirements for the day, and at noon she has ready the fish, chops, etc., and pudding, and at two P.M. the beef-tea. Each patient has to send for the food ordered and is required to present a ticket, as below, which we give out as needed:

" 'INVALID KITCHEN,

" 'Bank Street.

" 'Please give bearer: Fish and Pudding. For: Mrs. Jones. To pay: 3d. Date: January 14 1903.'

" Seeing that the object of our kitchen is the providing of well-cooked invalid food, in cases where the cooking is a difficulty, or, indeed, an impossibility, and not the providing of relief in cases of poverty, we have deemed it advisable to make a charge in proportion to the means of the patient. If extreme poverty be present, the food is supplied free, but if possible we like everyone to pay at least one penny for each item, while those able to afford it are charged the cost of materials.

" Financially we are flourishing, for our generous founder has kindly renewed her donation, and several others have contributed to the fund, while, to add to our good fortune, our friend does the work gratuitously, charging nothing for fire and gas, nor for wear and tear of cooking utensils, but just barely for the materials used.

" As to whether it is appreciated, let us ask the host of poor, sick folk who have been the grateful partakers of the appetizing food during the last year! Their expressions of appreciation have been unstinted throughout; many of them declare they have never tasted such beautifully cooked dinners, while some have been so filled with wonder that they have sent for their neighbors to view the tempting-looking repast, and have eaten it surrounded by an admiring and awestruck crowd!

" We ourselves realize the indisputable fact that many a convalescence has been hastened, that robust health has been established, and even that valuable life has been saved by this agency, and we are full of gratitude to those who have been the means of placing within our reach this long-wished-for and invaluable auxiliary to the work of the district nurses.

" F. E. WHITEFIELD.

" WARRINGTON."

NURSES who are musical and who are likely to go to Europe this summer should remember that the beautiful new opera-house in Munich will give a Wagner Festival from August 8 to September 14, with a performance almost every day. Details can be obtained from Novello's, 21 East Seventeenth Street, New York.



BLUE ELECTRIC LIGHT AS AN ANÆSTHETIC.—The *Journal of the American Medical Association* has previously referred to Minin's discovery of the therapeutic and anæsthetic value of blue electric light. He has recently found that the anæsthesia is sufficient for even important operations, and performed two herniotomies with it practically alone. One was a Bassini on a colonel. Cocaine was injected previous to, and the blue light applied during, the operation. In the second case the cocaine was omitted, and the ligation of the sac elicited some pain, but not severe. The operation lasted twenty minutes in each, and both healed by first intention. All the minor operations at a certain hospital at St. Petersburg are done under blue light as the exclusive anæsthetic. Minin has just been appointed chief of the Nicolaj Military Hospital.